

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: GU
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED		APPLICANT IDENTIFIER									
1. TYPE OF SUBMISSION:				3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER								
Application				4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER								
<input type="checkbox"/> Construction		Pre-application												
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction												
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction												
5. APPLICANT INFORMATION														
Legal Name:				Organizational Unit:										
Address (give city, county, state and zip code)				Name and telephone number of the person to be contacted on matters involving this application (give area code)										
County:				Name:										
				Tel Number:										
6. EMPLOYER IDENTIFICATION NUMBER (EIN):				7. TYPE OF APPLICANT: (Enter appropriate letter in box) A										
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												A. State B. County C. Municipality D. Township E. Interstate F. Intermunicipality G. Special District		
				H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)										
8. TYPE OF APPLICATION:				9 NAME OF FEDERAL AGENCY:										
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision				Health Resources and Services Administration, Maternal and Child Health Bureau										
If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>														
A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:										
<table border="1"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table>				9	3	9	9	4						
9	3	9	9	4										
TITLE: Maternal and Child Health Services Block Grant														
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.):														
13. PROPOSED PROJECT:				14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2005		Ending Date: 09/30/2006		a. Applicant		b. Project								
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal		\$ 906,877.00		a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:										
b. Applicant		\$ 0.00		b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372										
c. State		\$ 269,921.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
d. Local		\$ 0.00												
e. Other		\$ 0.00												
f. Program Income		\$ 0.00												
g. TOTAL		\$ 1,176,798.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT										
				<input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.														
a. Typed Name of Authorized Representative				b. Title		c. Telephone Number								
d. Signature of Authorized Representative						e. Date Signed								

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: GU

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 906,877

A.Preventive and primary care for children:

\$ 272,063 (30%)

B.Children with special health care needs:

\$ 275,065 (30.33%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 90,687 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 269,921

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 0

\$ 269,921

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,176,798

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 69,495

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Family Planning \$ 405,853

\$

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 475,348

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,652,146

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: GU

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 886,348	\$ 886,348	\$ 901,847	\$ 0	\$ 906,877	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 269,921	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 886,348	\$ 886,348	\$ 901,847	\$ 0	\$ 1,176,798	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 555,782	\$ 557,782	\$ 115,495	\$ 0	\$ 475,348	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,442,130	\$ 1,444,130	\$ 1,017,342	\$ 0	\$ 1,652,146	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: GU

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 856,022	\$ 0	\$ 0	\$ 809,294	\$ 856,062	\$ 856,062
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 856,022	\$ 0	\$ 0	\$ 809,294	\$ 856,062	\$ 856,062
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 484,420	\$ 0	\$ 0	\$ 0	\$ 599,337	\$ 599,337
9. Total <i>(Line11, Form 2)</i>	\$ 1,340,442	\$ 0	\$ 0	\$ 809,294	\$ 1,455,399	\$ 1,455,399
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3
None
FIELD LEVEL NOTES
None

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: GU

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 122,858	\$ 112,800	\$ 121,877	\$ 0	\$ 263,918	\$ 0
b. Infants < 1 year old	\$ 143,046	\$ 143,046	\$ 121,877	\$ 0	\$ 272,063	\$ 0
c. Children 1 to 22 years old	\$ 265,905	\$ 265,905	\$ 278,996	\$ 0	\$ 275,065	\$ 0
d. Children with Special Healthcare Needs	\$ 265,905	\$ 275,963	\$ 292,495	\$ 0	\$ 275,065	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 88,634	\$ 88,634	\$ 86,602	\$ 0	\$ 90,687	\$ 0
g. SUBTOTAL	\$ 886,348	\$ 886,348	\$ 901,847	\$ 0	\$ 1,176,798	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 43,550		\$ 46,000		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 69,495		\$ 69,495		\$ 69,495	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Family Planning	\$ 442,737		\$ 0		\$ 405,853	
III. SUBTOTAL	\$ 555,782		\$ 115,495		\$ 475,348	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: GU

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 128,403	\$ 0	\$ 390,934	\$ 0	\$ 256,846	\$ 256,846
b. Infants < 1 year old	\$ 128,403	\$ 0	\$ 195,467	\$ 0	\$ 128,403	\$ 128,403
c. Children 1 to 22 years old	\$ 256,807	\$ 0	\$ 195,467	\$ 0	\$ 128,404	\$ 128,404
d. Children with Special Healthcare Needs	\$ 256,807	\$ 0	\$ 390,937	\$ 0	\$ 256,807	\$ 256,807
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 85,602	\$ 85,602
f. Administration	\$ 85,602	\$ 0	\$ 1,303,116	\$ 0	\$ 0	\$ 0
g. SUBTOTAL	\$ 856,022	\$ 0	\$ 2,475,921	\$ 0	\$ 856,062	\$ 856,062
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 0		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 69,495		\$ 0		\$ 69,495	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Family Planning	\$ 314,925		\$ 0		\$ 429,842	
III. SUBTOTAL	\$ 484,420		\$ 0		\$ 599,337	

FORM NOTES FOR FORM 4
None
FIELD LEVEL NOTES
None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: GU

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 288,278	\$ 288,278	\$ 278,996	\$ 0	\$ 327,199	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 237,278	\$ 237,278	\$ 243,754	\$ 0	\$ 302,495	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 202,496	\$ 202,496	\$ 202,495	\$ 0	\$ 303,421	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 158,296	\$ 158,296	\$ 176,602	\$ 0	\$ 243,683	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 886,348	\$ 886,348	\$ 901,847	\$ 0	\$ 1,176,798	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: GU

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 256,806	\$ 0	\$ 530,183	\$ 279,047	\$ 280,806	\$ 280,806
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 149,804	\$ 0	\$ 169,614	\$ 140,982	\$ 229,406	\$ 229,406
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 171,205	\$ 0	\$ 273,733	\$ 241,284	\$ 195,024	\$ 195,024
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 278,207	\$ 0	\$ 329,586	\$ 147,981	\$ 150,826	\$ 150,826
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 856,022	\$ 0	\$ 1,303,116	\$ 809,294	\$ 856,062	\$ 856,062

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2004
Field Note:
The Guam MCH Program does not have a state match, this is the correct amount
2. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
3. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
4. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: GU						
Total Births by Occurrence: 3,427				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	2,574	75.1	4	0	0	
Congenital Hypothyroidism	2,574	75.1	85	0	0	
Galactosemia	2,574	75.1	0	0	0	
Sickle Cell Disease	2,574	75.1	0	0	0	
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Newborns may test presumptive positive due to the fact that newborns are tested then released early (within 12 to 24 hours after birth).

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Newborns may test presumptive positive due to the fact that newborns are tested then released early (within 12 to 24 hours after birth).
2. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2006
Field Note:
Newborns may test presumptive positive due to the fact that newborns are tested then released early (within 12 to 24 hours after birth).
3. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
Number of Confirmed Cases is listed as zero due to the lack of data from GHMA
4. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2006
Field Note:
Number of Confirmed Cases is listed as zero due to the lack of data from GHMA
5. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2006
Field Note:
Newborns may test presumptive positive due to the fact that newborns are tested then released early (within 12 to 24 hours after birth).
6. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
Newborns may test presumptive positive due to the fact that newborns are tested then released early (within 12 to 24 hours after birth).

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: GU

Reporting Year: 2004

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,828	1.2	0.0	11.8	0.0	87.1
Infants < 1 year old	3,427	3.5	0.0	22.0	0.0	74.4
Children 1 to 22 years old	3,503	3.7	0.0	14.9	0.0	81.3
Children with Special Healthcare Needs	955	3.4	0.0	67.7	0.0	28.9
Others	2,300	3.0	0.0	29.1	0.0	68.0
TOTAL	12,013					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: GU

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	3,427	228	29	0	837	2,225	0	108
Title V Served	1,827	88	9	0	398	1,187	0	145
Eligible for Title XIX	2,038	0	0	0	0	2,038	0	0
INFANTS								
Total Infants in State	3,427	228	29	0	837	2,225	0	108
Title V Served	1,827	88	9	0	398	1,187	0	145
Eligible for Title XIX	2,038	0	0	0	0	2,038	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	3,427	0	0	0	0	0	0	0
Title V Served	1,827	0	0	0	0	0	0	0
Eligible for Title XIX	2,038	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	3,427	0	0	0	0	0	0	0
Title V Served	1,827	0	0	0	0	0	0	0
Eligible for Title XIX	2,038	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8
None
FIELD LEVEL NOTES
None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: GU

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(671) 735-7306</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>
2. State MCH Toll-Free "Hotline" Name	MCH Program	MCH Program	MCH Program	MCH Program	MCH Program
3. Name of Contact Person for State MCH "Hotline"	<u>Maggie M. Bell</u>	<u>Maggie M. Bell</u>	<u>Maggie M. Bell</u>	<u>Maggie M. Bell</u>	<u>Maggie M. Bell</u>
4. Contact Person's Telephone Number	<u>(671) 735-7306</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>	<u>(671) 735-7206</u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u></u>	<u>100</u>	<u>100</u>	<u>200</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: GU

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: GU

1. State MCH Administration:
(max 2500 characters)

The Guam Title V Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Program is administered as one integrated program within the Chief Public Health Office (CPHO), Division of Public Health, Department of Public Health and Social Services (DPHSS). The DPHSS is headed by the Director of Public Health and Social Services. The Director's position is a cabinet-level position within the Governor's Office. The MCH/CSHCN Program reports directly to the Chief Public Health Officer. The MCH/CSHCN Program is operated as a single organizational unit and serves as both the local and state agency. This single state agency is authorized to administer Title V funds and is responsible for both MCH and CSHCN services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 906,877
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 269,921
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 1,176,798

9. Most significant providers receiving MCH funds:

Bureau of Nursing Services
Bureau of Professional Support Services

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,828
b. Infants < 1 year old	3,427
c. Children 1 to 22 years old	3,503
d. CSHCN	955
e. Others	2,300

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

The Guam Title V Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHSN) Program is administered as one integrated program within the Department of Public Health and Social Services (DPHSS). This allows for better and more efficient coordination of services in MCH. The program provides health care services for mothers, infants, children, youth, and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal clinics, care coordination, and access to pediatric sub-specialty care for children and adolescents with special health care needs.

b. Population-Based Services:
(max 2500 characters)

Family Planning- The goal of the Guam Family Planning Program is to improve the health of women of reproductive age by assuring that comprehensive quality family planning and reproductive health care services are available and accessible to citizens in need. The target population includes citizens in need of family planning services, with special attention to those who are uninsured and those with incomes below federal mandates to lower the incidence of unintended pregnancy and promote the health of women of reproductive age (Title X of the U.S. Public Health Services Act of 1970).

c. Infrastructure Building Services:
(max 2500 characters)

MCH is targeting the leading causes of child morbidity and mortality by providing preventive and primary care services for children. Comprehensive preventive child health services including physical examinations, laboratory and other screening procedures, immunizations, nutritional assessments, and counseling are performed

12. The primary Title V Program contact person:

Name	Maggie Bell
Title	Program Coordinator
Address	PO Box 2816
City	Agana
State	Guam
Zip	96932
Phone	671-735-7306

13. The children with special health care needs (CSHCN) contact person:

Name	Maggie Bell
Title	Program Coordinator
Address	PO Box 2816
City	Agana
State	Guam
Zip	96932
Phone	671-735-7306

Fax 671-734-2066

Email mags@kuentos.guam.net

Web

Fax 671-734-2066

Email mags@kuentos.guam.net

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: GU

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	75	80
Annual Indicator	96.0	78.5	73.4	72.9	75.1
Numerator	3,456	2,811	2,365	2,404	2,574
Denominator	3,600	3,583	3,222	3,298	3,427
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	85	90	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			100	100	100
Annual Indicator			54.8	54.8	54.8
Numerator			548	548	548
Denominator			1,000	1,000	1,000
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	63	64	64	65	65
Annual Indicator	61.5	57.4	56.7	56.7	56.7
Numerator	562	557	548	548	548
Denominator	914	970	967	967	967
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	66	66	67	67	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	71	70	70	70	71
Annual Indicator	61.5	61.4	56.7	56.7	56.7
Numerator	562	557	548	548	548
Denominator	914	907	967	967	967
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	72	73	74	74	74
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	100
Annual Indicator	_____	_____	NaN	NaN	NaN
Numerator	_____	_____	0	0	0
Denominator	_____	_____	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	_____	_____	_____	_____	100
Annual Indicator	_____	_____	NaN	NaN	NaN
Numerator	_____	_____	0	0	0
Denominator	_____	_____	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	75	75	75	75	75
Annual Indicator	65.0	65.0	62.0	62.0	50.7
Numerator	8,123	7,940	6,584	6,584	7,000
Denominator	12,498	12,216	10,614	10,614	13,801
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	48	47	40	25	24
Annual Indicator	31.7	27.1	30.0	24.5	27.7
Numerator	405	361	121	101	117
Denominator	12,780	13,298	4,029	4,116	4,230
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	23	22	21	21	21
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	49	49	45	45	46
Annual Indicator	49.0	49.0	49.9	49.0	
Numerator	3,509	3,509	1,651	1,654	
Denominator	7,163	7,163	3,307	3,377	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	47	48	49	49	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	2	2	2	2	2
Annual Indicator	1.9	6.2	2.0	0.0	0.0
Numerator	1	3	1	0	0
Denominator	53,965	48,245	48,818	49,180	49,426
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	20	20	20	20	20
Annual Indicator	5.0	5.0	3.1	0.0	0.0
Numerator	189	179	100	0	0
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	10	10	12	12	12
Annual Indicator	13.2	14.0	8.9	75.1	75.1
Numerator	500	500	288	2,476	2,574
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	12	12	12	12	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	13	13	15	13	13
Annual Indicator	16.3	17.0	14.3	14.3	14.3
Numerator	9,996	9,996	8,523	8,616	8,690
Denominator	61,383	58,803	59,515	60,167	60,687
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	13	13	13	13	13
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	34	34	34	34	34
Annual Indicator	34.0	34.0	34.0	NaN	NaN
Numerator	3,398	3,398	3,398	0	0
Denominator	9,996	9,996	9,996	0	0
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	34	34	34	34	34
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>0.9</u>	<u>0.9</u>
Annual Indicator	<u>1.0</u>	<u>0.9</u>	<u>0.9</u>	<u>1.3</u>	<u>1.4</u>
Numerator	<u>37</u>	<u>34</u>	<u>28</u>	<u>44</u>	<u>48</u>
Denominator	<u>3,785</u>	<u>3,583</u>	<u>3,221</u>	<u>3,298</u>	<u>3,427</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>43</u>	<u>43</u>	<u>40</u>	<u>40</u>	<u>40</u>
Annual Indicator	<u>58.3</u>	<u>65.1</u>	<u>45.3</u>	<u>22.2</u>	<u>14.4</u>
Numerator	<u>7</u>	<u>8</u>	<u>6</u>	<u>3</u>	<u>2</u>
Denominator	<u>12,010</u>	<u>12,292</u>	<u>13,234</u>	<u>13,508</u>	<u>13,906</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>40</u>	<u>40</u>	<u>40</u>	<u>20</u>	<u>20</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	70	70	70	70	70
Annual Indicator	62.0	63.0	60.5	61.3	59.8
Numerator	2,347	2,257	1,948	2,021	2,048
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	75
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 1

Percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3	4	4	4	4
Annual Indicator	3.8	5.5	3.6		5.5
Numerator	646	958	611		761
Denominator	16,997	17,442	16,997	13,234	13,906
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of children younger than 18 years maltreated/neglected.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	3	10	10
Annual Indicator	43.2	66.4	33.4	38.6	44.2
Numerator	2,373	3,902	2,075	2,418	2,098
Denominator	54,966	58,803	62,052	62,688	47,474
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of Chlamydia Trachomatis infections in women under the age of 25.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	.68	.68	.68	0.5	0.5
Annual Indicator	0.7	0.8	0.5	0.9	17.9
Numerator	268	189	169	337	502
Denominator	36,889	22,482	34,935	36,414	2,799
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0.5	0.4	0.4	0.4	0.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of Childbearing-age women who have been screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	72	70	70	75	76
Annual Indicator	85.0	85.0	75.0	NaN	12.3
Numerator	26,489	26,634	26,715	0	3,757
Denominator	31,164	31,335	35,621	0	30,427
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	77	78	79	79	79
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	27	27	27	27	28
Annual Indicator	24.1	25.5	28.4	27.5	27.5
Numerator	914	914	914	907	907
Denominator	3,787	3,583	3,221	3,298	3,298
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	29	30	30	30	30
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 8

Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	12	12	12	12	12
Annual Indicator	12.9	15.5	15.5	NaN	0.0
Numerator	1,606	2,051	2,051	0	0
Denominator	12,453	13,234	13,234	0	13,906
Is the Data Provisional or Final?					Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	11	10	10	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 9

The Percent of Adolescents aged 12 through 17 who use Tobacco

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	4	4	4	4
Annual Indicator	NaN	5.5	3.6		5.5
Numerator	0	958	611		761
Denominator	0	17,442	16,997	15,538	13,906
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

Guam did not participate in the CSHCN Survey

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2003
Field Note:
The Guam Memorial Hospital Authority was unable to provide data at the time of Grant submission.

The data should be provided within the next two weeks
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
Guam did not participate in the CSHCN Survey
3. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
5. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2002
Field Note:
Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN
6. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN
8. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
9. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
Although Guam did not participate in the CSHCN Survey, we do have a Special Kids Clinic functioning which serves as a medical Home for our CSHCN
10. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2003
Field Note:
Guam was not included in the CSHCN survey. Consequently, the percent of CSHCN aged 0 through 18 whose families report community-based services are organized so they can use them easily is not available.

The data populated in years 2004 through 2008 is false data so the program could continue inputting data
11. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

12. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

data entered is false data so the program could continue to input data for form 11

13. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

14. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2004**Field Note:**

The denominator is the number of children 0-4 years. The Numerator is an estimate of the number of children fully immunized. The Guam Immunization Program presently does not have a fully functioning registry.

15. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for Performance Measure # 9 is not available.

16. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2003**Field Note:**

2003 data is not available

17. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2004**Field Note:**

Data for 2004 is not available

18. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2003**Field Note:**

The program does not have a numerator to report

19. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2004**Field Note:**

The program does not have a numerator to report

20. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

This Performance Measures is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a "regular" CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients

21. Section Number: Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2004

Field Note:

This Performance Measures is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a "regular" CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients.

22. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2002**Field Note:**

Guam does not have facilities for high risk deliveries

23. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2003**Field Note:**

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between \$6 – 10,000 and that is without the medical staff that must accompany the patient.

24. Section Number: Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2004**Field Note:**

Guam does not have facilities for high risk deliveries.

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between \$6 – 10,000 and that is without the medical staff that must accompany the patient.

25. Section Number: State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2003**Field Note:**

The program does not have an accurate numerator at the present time

26. Section Number: State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2003**Field Note:**

The program does not accurate data at the present time

27. Section Number: State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2003**Field Note:**

The program does not have accurate data available at the time of grant submission

28. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2002**Field Note:**

new performance measure 2001

29. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2003**Field Note:**

The program does not have an accurate numerator

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: GU

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	8.3	8.3	8	6	6
Annual Indicator	6.1	9.8	6.2	11.2	12.3
Numerator	23	35	20	37	42
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			NaN	NaN	NaN
Numerator			0	0	0
Denominator			0	0	0
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator	2.9	7.0	3.4	5.2	7.6
Numerator	11	25	11	17	26
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4.2	4.2	4.1	4.1	4.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4.3	4.3	4.3	2.8	2.8
Annual Indicator	3.2	2.8	2.8	6.1	4.4
Numerator	12	10	9	20	15
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.7	2.6	2.5	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	16	16	15	15	15
Annual Indicator	11.4	18.4	16.5	17.6	16.0
Numerator	43	66	53	58	55
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	20	20	20	20	20
Annual Indicator	31.8	39.8	59.4	40.7	24.3
Numerator	15	22	29	20	12
Denominator	47,156	55,244	48,818	49,180	49,426
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 1

The fetal death rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	<u>12</u>	<u>11</u>	<u>10</u>	<u>10</u>	<u>10</u>
Annual Indicator	<u>9.2</u>	<u>13.7</u>	<u>13.0</u>	<u>12.7</u>	<u>9.6</u>
Numerator	<u>35</u>	<u>49</u>	<u>42</u>	<u>42</u>	<u>33</u>
Denominator	<u>3,787</u>	<u>3,583</u>	<u>3,221</u>	<u>3,298</u>	<u>3,427</u>
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>9</u>	<u>9</u>	<u>8</u>	<u>8</u>	<u>8</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1.

Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2004

Field Note:

This Outcome Measure does not pertain to Guam.
2.

Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2003

Field Note:

The child death rate for 2003 is not available

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: GU

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

0

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 5

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: GU FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To decrease infant mortality and morbidity, preterm births a low birth weight.
2. To decrease mortality and morbidity among adolescents.
3. To decrease intentional and unintentional injuries in the MCH population.
4. To increase care coordination and public awareness for children with special health care needs.
5. To reduce unintended and intended adolescent pregnancies.
6. To reduce unhealthy and risk-taking behavior among adolescents.
7. To assure early identification and referral of substance abuse, domestic violence and child abuse and neglect.
8. To assure that all children with special health care needs have a medical home for comprehensive, primary and preventive health care with coordination of all health and support services.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: GU

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Adolescent Health Issues	MCH Guam needs assistance with other state and territorial adolescent health coordinators in order to improve access to national resources and experts on adolescent health.	AMCHP
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: GU

SP # 1

PERFORMANCE MEASURE:

Percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine

STATUS:

Active

GOAL

To reduce the percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine.

DEFINITION

Numerator:

Number of adolescents aged 12 through 17 who reported use of alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine.

Denominator:

All adolescents aged 12 through 17 in the State.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Mental Health & Substance Abuse, Guam Police Department, Department of Youth Affairs & the University of Guam

SIGNIFICANCE

The number of reported cases of adolescents using alcohol, inhalants, cigarettes, marijuana and/or crystal methamphetamine have been increasing steadily over the past several years.

SP # 2

PERFORMANCE MEASURE:

Percent of children younger than 18 years maltreated/neglected.

STATUS:

Active

GOAL

To reduce the incidence of maltreated and/or neglect of children younger than age 18 years.

DEFINITION

Numerator:

Number children younger than age 18 years maltreated and/or neglected per 1,000 children in the State.

Denominator:

All children in the State younger than age 18 years.

Units: 1000 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Bureau of Social Services Data Systems, Guam Police Department, Guam Memorial Hospital Authority, Vital records

SIGNIFICANCE

The number of reported cases of child abuse and neglect has been increasing steadily in the last several years.

SP # 4

PERFORMANCE MEASURE:

Percent of Chlamydia Trachomatis infections in women under the age of 25.

STATUS:

Active

GOAL

To reduce the percent of Chlamydia Trachomatis infections in women under the age of 25.

DEFINITION

Numerator:

The number of Chlamydia Trachomatis infections in women under the age of 25

Denominator:

Total number of women under the age of 25 in a calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Public Health and Social Services Office of Epidemiology and Research, Vital records

SIGNIFICANCE

Chlamydia is the most prevalent sexually transmitted disease among adolescents and young adults. Because chlamydia infections are often undiagnosed, infected individuals may unknowingly spread the organism to their sexual partner and neonates.

SP # 5

PERFORMANCE MEASURE:

Percent of Childbearing-age women who have been screened for cervical cancer.

STATUS:

Active

GOAL

To increase the percentage of childbearing-age women who receive Pap smears.

DEFINITION

Numerator:

The number of women who have been screened for cervical cancer during the federal fiscal year.

Denominator:

Total number of women of childbearing-age in the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Public Health & Social Services Cancer Registry, Vital records

SIGNIFICANCE

Cancer ranks second in the leading cause of death in the United States. Although it is not one of the top causes of deaths for females on Guam, it is however an issue which needs to be addressed in relation to national statistics and the probability of detecting and surviving cancer for females on Guam.

SP # 6

PERFORMANCE MEASURE:

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

STATUS:

Active

GOAL

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

DEFINITION

Numerator:

Number of children placed in the system during the calendar year.

Denominator:

Number of infants under one year with or at risk for chronic and/or disabling conditions found during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Guam Memorial Hospital Authority, Guam Early Intervention Systems, Vital Records and the CSHCN Registry

SIGNIFICANCE

CSHCN includes a wide array of problems from potential risks to actual health problems. An improved referral system with Guam Memorial Hospital Authority would enable the CSHCN Program to better monitor the amount and types of CSHCN and coordinate services for these children and their families. This is necessary in order to have a comprehensive and coordinated health care services.

SP # <u>8</u>	
PERFORMANCE MEASURE:	Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.
STATUS:	Active
GOAL	To reduce the rates of violent behavior among youth attending school.
DEFINITION	<p>Numerator: The number of youth aged 13-18 reported involvement in violence or violent behaviors in the public schools who participated in the Youth Risk Behavior Survey.</p> <p>Denominator: The number of youth aged 13-18 in the public school schools that participated in the Youth Risk Behavior Survey.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Youth Risk Behavior Survey
SIGNIFICANCE	Violence among youth is a public health issue because it may lead to injures and, when extreme, death. In addition, it may be symptomatic of mental health problems among youth today.

SP # <u>9</u>	
PERFORMANCE MEASURE:	The Percent of Adolescents aged 12 through 17 who use Tobacco
STATUS:	Active
GOAL	To reduce the percent of Adolescents aged 12 through 17 who use Tobacco
DEFINITION	<p>The Percent of Adolescents aged 12 through 17 who use Tobacco</p> <p>Numerator: Number of adolescents aged 12 through 17 who reported use of tobacco and tobacco products</p> <p>Denominator: All adolescents aged 12 through 17 in the state</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Youth Risk Behavioral Survey
SIGNIFICANCE	The number of adolescents who reported using tobacco and tobacco products has risen steadily over the past years.

SO # <u>1</u>	
OUTCOME MEASURE:	The fetal death rate per 1,000 live births.
STATUS:	Active
GOAL	To reduce the number of fetal deaths.
DEFINITION	<p>Numerator: Number of fetal deaths greater than 20 weeks gestation.</p> <p>Denominator: Live births + fetal deaths.</p> <p>Units: 1000 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Vital records.
SIGNIFICANCE	Fetal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: GU

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	29.5	56.3	204.2	271.6	372.0
Numerator	61	116	354	467	632
Denominator	20,691	20,602	17,332	17,193	16,990
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	21.4	4.3	12.0
Numerator	0	0	1,335	39	877
Denominator	0	0	6,243	909	7,325
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

		<u>Annual Indicator Data</u>			
	2000	2001	2002	2003	2004
Annual Indicator	NaN	NaN	7.9	6.2	20.5
Numerator	0	0	268	232	1,503
Denominator	0	0	3,397	3,750	7,325
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

		<u>Annual Indicator Data</u>			
	2000	2001	2002	2003	2004
Annual Indicator	NaN	NaN	NaN	NaN	
Numerator	0	0	0	0	
Denominator	0	0	0	0	
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2002
Field Note:
For calendar year the number of children hospitalized for asthma seems high, this is due to the fact that Guam experienced two (2) major typhoons in the months of July and Dec.

After the typhoons, there is a high incidence of mold growth.
2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
The numerator provided is for children aged 0 through 9 years old.
3. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
The numerator provided is for children aged 0 through 9 years old.
4. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
There are no data available for 2000 and 2001. The Division of Public Welfare where the Medicaid Program is located did not submit reports due to the lack of data capacity.
5. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
Guam's SCHIP Program is a Medicaid expansion program. the Program did not submit recent reports thus, data is not available.
6. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.
7. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2004
Field Note:
This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.
8. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2002
Field Note:
Guam does not use the Kotelchuck index.
9. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2003
Field Note:
Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.
10. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2004
Field Note:
Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.
11. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07

Row Name:
Column Name:
Year: 2002

Field Note:
There is no data available for the years 1999, 2000 and 2001. The Division of Public Welfare where the EPSDT Program did not submit reports due to the lack of data capacity.

12. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

Guam does not have a SSI Program.

13. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program

14. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: GU

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2004	Other	<u>0</u>	<u>0</u>	<u>48</u>
b) Infant deaths per 1,000 live births	2004	Other	<u>0</u>	<u>0</u>	<u>42</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2004	Other	<u>0</u>	<u>0</u>	<u>60.5</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Other	<u>0</u>	<u>0</u>	<u>0</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: GU

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>9</u>) (Age range <u>10</u> to <u>14</u>) (Age range <u>15</u> to <u>18</u>)	2004	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2004	<u>150</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: GU

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>150</u>
b) Medicaid Children (Age range <u>1</u> to <u>9</u>) (Age range <u>10</u> to <u>14</u>) (Age range <u>15</u> to <u>18</u>)	2004	<u>150</u> <u>150</u> <u>150</u>
c) Pregnant Women	2004	<u>150</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2006
Field Note:
Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.
6. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2006
Field Note:
Guam does not have payment source or data files.
7. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Guam does not have payment source or data files.
8. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2006
Field Note:
Guam does not have payment source or data files.
9. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2006
Field Note:
Guam does not have payment source or data files.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: GU

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: GU

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: GU

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.8	8.0	7.9	9.2	8.5
Numerator	294	285	255	303	290
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.7	7.2	7.1	8.1	7.4
Numerator	253	258	230	268	255
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	0.9	0.9	1.3	1.4
Numerator	37	34	28	44	48
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.9	0.8	0.8	1.2	1.2
Numerator	33	29	27	39	42
Denominator	3,787	3,583	3,221	3,298	3,427
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	31.6	99.6	59.4	0.0	0.0
Numerator	15	55	29	0	0
Denominator	47,519	55,244	48,818	49,180	49,426
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.5		0.0	0.0	0.0
Numerator	4		0	0	0
Denominator	47,156	55,244	48,818	49,180	49,426
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator			4.0	0.0	0.0
Numerator			1	0	0
Denominator	21,823	24,368	25,079	25,549	26,077
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	137.8	76.0	651.4	0.0	0.0
Numerator	65	42	318	0	0
Denominator	47,156	55,244	48,818	49,180	49,426
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	137.8	3.6	247.9	0.0	0.0
Numerator	65	2	121	0	0
Denominator	47,156	55,244	48,818	49,180	49,426
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	719.4	16.4	1,020.8	0.0	0.0
Numerator	157	4	256	0	0
Denominator	21,823	24,368	25,079	25,549	26,077
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	21.6	14.6	21.6	32.1	53.9
Numerator	128	89	140	132	228
Denominator	5,929	6,106	6,496	4,116	4,230
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	10.6	6.6	5.2	11.5	14.9
Numerator	268	195	154	422	554
Denominator	25,235	29,503	29,881	36,708	37,125
Is the Data Provisional or Final?				Provisional	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2003
Field Note:
Guam has not received "death data" as of Grant Application time.
2. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
Guam has not received "death data" as of Grant Application time.
3. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2003
Field Note:
Guam has not received "death data" as of Grant Application time.
4. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2004
Field Note:
Guam has not received "death data" as of Grant Application time.
5. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2002
Field Note:
The rate for 2002 seems high. Guam experienced two major typhoons during 2002 in the months of July and Dec. There were numerous injuries related to the storms
6. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2003
Field Note:
Guam has not received "death data" as of Grant Application time.
7. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2004
Field Note:
Guam has not received "death data" as of Grant Application time.
8. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2002
Field Note:
The rate for 2002 seem high. Guam expereined two major typhoons during 2002 in themonths of July and December. Many people drive immediately after the storm when many traffic lights and power are out, thus there are numerous traffic accidents.
9. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2002
Field Note:
the rate for 2002 seem high. Guam expereined two major typhoons during 2002. many people drive immediately after the store when there are many traffic lights and power has not been restored. Thus, there are numerous traffic accidents.
10. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2003
Field Note:
Numerator is all youth aged 15 through 19.
Denominator is women aged 15 through 17
11. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2004
Field Note:
Numerator is all youth aged 15 through 19.

Denominator is women aged 15 through 17

12. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2003
Field Note:
Denominator is women aged 20 through 49
13. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2004
Field Note:
Denominator is women aged 20 through 49

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	3,189	149	30	0	686	1,610	681	33
Children 1 through 4	13,801	516	120	0	3,094	7,104	2,838	129
Children 5 through 9	16,578	680	30	0	4,034	8,299	3,271	264
Children 10 through 14	15,858	644	80	0	4,181	7,840	2,904	209
Children 15 through 19	13,906	595	100	0	3,836	6,863	2,364	148
Children 20 through 24	75,503	3,853	660	0	18,942	37,329	13,713	1,006
Children 0 through 24	138,835	6,437	1,020	0	34,773	69,045	25,771	1,789

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	3,189	0	0
Children 1 through 4	13,801	0	0
Children 5 through 9	16,578	0	0
Children 10 through 14	15,858	0	0
Children 15 through 19	13,906	0	0
Children 20 through 24	12,171	0	0
Children 0 through 24	75,503	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	3	0	0	0	0	3	0	0
Women 15 through 17	117	1	0	0	10	106	0	0
Women 18 through 19	235	5	5	0	30	190	0	5
Women 20 through 34	2,564	186	20	0	596	1,676	0	86
Women 35 or older	504	35	1	0	201	250	0	17
Women of all ages	3,423	227	26	0	837	2,225	0	108

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	3	0	0
Women 15 through 17	117	0	0
Women 18 through 19	233	0	2
Women 20 through 34	2,555	0	9
Women 35 or older	506	0	1
Women of all ages	3,414	0	12

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	42	1	0	0	8	33	0	0
Children 1 through 4	4	0	0	0	0	4	0	0
Children 5 through 9	3	0	0	0	0	3	0	0
Children 10 through 14	5	0	0	0	1	4	0	0
Children 15 through 19	13	1	1	0	2	9	0	0
Children 20 through 24	16	1	0	0	3	12	0	0
Children 0 through 24	83	3	1	0	14	65	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	42	0	0
Children 1 through 4	4	0	0
Children 5 through 9	3	0	0
Children 10 through 14	5	0	0
Children 15 through 19	13	0	0
Children 20 through 24	16	0	0
Children 0 through 24	83	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	63,332	2,584.0	360.0	0	15,831.0	31,716.0	12,058.0	783.0	2004
Percent in household headed by single parent	36.7	16.9	11.1	0	24.1	45.3	36.0	18.4	2004
Percent in TANF (Grant) families	0	0	0	0	0	0	0	0	2004
Number enrolled in Medicaid	0	0	0	0	0	0	0	0	2004
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2004
Number living in foster home care	0	0	0	0	0	0	0	0	2004
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2004
Number enrolled in WIC	0	0	0	0	0	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	0	0	0	0	0	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0	0	0	0	0	0	0	0	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	63,332.0	0	0	2004
Percent in household headed by single parent	36.7	0	0	2004
Percent in TANF (Grant) families	0	0	0	2004
Number enrolled in Medicaid	0	0	0	2004
Number enrolled in SCHIP	0	0	0	2004
Number living in foster home care	0	0	0	2004
Number enrolled in food stamp program	0	0	0	2004
Number enrolled in WIC	0	0	0	2004
Rate (per 100,000) of juvenile crime arrests	0	0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	0	0	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	54,101
Living in rural areas	9,231
Living in frontier areas	0
Total - all children 0 through 19	63,332

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	166,090.0
Percent Below: 50% of poverty	14.6
100% of poverty	23.8
200% of poverty	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	63,332.0
Percent Below: 50% of poverty	16.5
100% of poverty	28.8
200% of poverty	0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: GU

SP # 1

PERFORMANCE MEASURE:

To reduce the percent of pregnant women who received no prenatal care

GOAL

To reduce the percent of pregnant women who received no prenatal care

DEFINITION

Prenatal care is the provision of comprehensive reproductive personal health services to a pregnant women.

Numerator:

The number of births to women who received no prenatal care.

Denominator:

The total number of live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16.6

The proportion of pregnant women who receive early and adequate prenatal care.

16.6a

Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Live birth records

SIGNIFICANCE

Undesirable outcomes of pregnancy result from the lack of prenatal care.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 2

PERFORMANCE MEASURE:

Proportion of low-income women who receive reproductive health/family planning services

GOAL

To improve the health status of women of childbearing age (15-44).

DEFINITION

Title V and Title X family planning clinics provide birth control and other vital health care services to low-income women and teens. Often family planning clinics are the only source of health care for women.

Numerator:

Number of women of low economic status aged 15-44 who receive reproductive and family planning services.

Denominator:

Number of women of low economic status aged 15-44.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

By 2010, increase the proportion of pregnancies that are intended.

DATA SOURCES AND DATA ISSUES

Family Planning Program data.

SIGNIFICANCE

Unintended pregnancy is a serious public health issue and is costly. Providing family planning services results in substantial savings in both human and fiscal terms.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of women who use alcohol, tobacco and other drugs during pregnancy

GOAL

To decrease the percentage of women who alcohol, tobacco and other drugs during pregnancy

DEFINITION

Use of tobacco, alcohol and other drugs during pregnancy is injurious to the fetus and profoundly affects pregnancy outcomes

Numerator:

The number of women who use alcohol, tobacco and other drugs during pregnancy

Denominator:

The number of occurent births in the calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

14.0

Increase abstinence from tobacco by pregnant women to at least 90%.

DATA SOURCES AND DATA ISSUES

Guam Vital Statistics

SIGNIFICANCE

Health professionals concur that tobacco, alcohol and other drug use is injurious to the fetus during pregnancy

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of children younger than 18 years maltreated/neglected.

GOAL

To reduce the incidence of maltreated and/or neglect of children younger than age 18 years.

DEFINITION

Numerator:

Number children younger than age 18 years maltreated and/or neglected per 1,000 children in the State.

Denominator:

All children in the State younger than age 18 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Bureau of Social Services Data Systems, Guam Police Department, Guam Memorial Hospital Authority, Vital records

SIGNIFICANCE

The number of reported cases of child abuse and neglect has been increasing steadily in the last several years.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

The prevalence of partner violence in adolescent relationships

GOAL

To build healthy relationships

DEFINITION

The prevalence of partner violence in adolescent relationships

Numerator:

The number of high school students that respond affirmatively to the questions "During the past 12 months, did your boy/girl friend ever hit, slap or physically hurt you on purpose?"

Denominator:

The number of high school students that respond to the questions "During the past 12 months, did your boy/girl friend ever hit, slap or physically hurt you on purpose?"

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Young people who are involved in abusive relationships often continue this destructive pattern of behavior into adulthood.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

The percent of high school studnets who have engaged in sexual intercourse

GOAL

To reduce the percent of high school studnets who have engaged in sexual intercourse

DEFINITION

The percent of high school studnets who have engaged in sexual intercourse

Numerator:

Number of high school youth that respond affirmatively that they have engaged in sexual intercourse

Denominator:

Total Number of high school youth that respond that they have engaged in sexual intercourse

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

By 2010, reduce pregnancies among adolescent females to no more than 46 pregnancies per 1,000.

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Adolescent pregnancy is one of the most pressing and persistent problems facing society. Pregnancy in adolescence may be associated with inadequate prenatal care, higher rates of low birth weight and infant mortality and repeat pregnancies during the teen years. Children born to an adolescent mother are more likely to encounter additional health risks compared with children born to non-teenage mothers. In addition, teen parenthood is associated with poverty, high costs of health care and public assistance and low educational attainment.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE:

The percent of high school students who are overweight

GOAL

To increase the percentage of adolescents making healthy nutritional and lifestyle choices and to reduce morbidity associated with body image issues

DEFINITION

The percent of high school students who are overweight

Numerator:

Number of high school youth that respond affirmatively to being overweight

Denominator:

Number of high school youth that respond to being overweight

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

By 2010, reduce the proportion of children aged 6 to 11 and youth aged 12 to 19 who are overweight or obese to 5%.

DATA SOURCES AND DATA ISSUES

YRBS

SIGNIFICANCE

Dramatic increases in childhood overweight have occurred in the recent decades. Pediatric overweight has a profound effect on physical, mental, emotional and social development of children. Furthermore, childhood overweight is associated with developing into adult overweight. Overweight youth have an estimated 70-80% chance of becoming obese adults.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 8

PERFORMANCE MEASURE:

Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations

GOAL

To assure that all CSHCN have age appropriate completed immunizations

DEFINITION

Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations

Numerator:

Number of CSHCN who have age appropriate completed immunizations

Denominator:

Total number of CSHCN in the CSHCN Registry

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Guam CSHCN Registry

SIGNIFICANCE

Infectious disease remain important causes of preventable illness in the U.S. despite significant reductions in incidence in the past years.

OBJECTIVE

2006	2007	2008	2009	2010
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SO #1

OUTCOME MEASURE:

GOAL

DEFINITION

The fetal death rate per 1,000 live births.

To reduce the number of fetal deaths.

Numerator:

Number of fetal deaths greater than 20 weeks gestation.

Denominator:

Live births + fetal deaths.

Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

OBJECTIVE

Vital records.

Fetal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment.

20062007200820092010

